| Enter the name of the county in which you are filing this case. | STATE OF W | SCONSIN, CIRCUI | T COURT, | _COUNTY | For Official Use | |
|---|--|--------------------------------|----------------|-----------|---|--|
| Enter the name of the petitioner. If joint petitioners, enter the name of the wife. | In re the marri | age of: nt Petitioner-Wife: | | | | |
| | First name and | Middle name | Last name | (| Order to Show Cause and Affidavit for Temporary Order | |
| Enter the name of the respondent. If joint petitioners, enter the name | | Joint Petitioner-Hu | | | Without Minor Children | |
| of the husband. Check divorce or legal separation. | First name | Middle name | Last name | | ☐ Divorce-40101 ☐ Legal Separation-40201 | |
| Enter the case number, if known. If unknown, leave blank. | | | | Са | se No | |
| | ORDER TO | SHOW CAUSE | | | | |
| | Based on the attached Affidavit and Request for Hearing for Temporary Order, | | | | | |
| | 1 | ED that the parties | Show Cause, In | Person | | |
| For Court Use Only: The clerk will complete this section. | Before: Circuit Judge or Circuit Court Commissioner Location: | | | | | |
| | Date: | | | | | |
| | Time: | | | a.m./p.m. | | |

or as soon as the matter may be heard, why a temporary order should not be entered for the relief requested in the attached affidavit.

PENDING FURTHER COURT ORDER or written stipulation of the parties, neither party shall engage in any activity that negatively affects the health, safety or welfare of either party including but not limited to:

- Both parties are restrained from harassing, intimidating, physically abusing, or imposing any restraint on the personal liberty of the other party, or the other party's employer.
- Both parties are prohibited from going upon the premises occupied by the other as a residence.

- Both parties are restrained from making any further debts against the credit of the other party. Further, unless otherwise ordered, any debt incurred after the date of this order is the sole responsibility of the party incurring the debt.
- Both parties are restrained from disconnecting any utility service or causing any other essential services of the residence of either party to be disconnected.
- Both parties shall maintain all current beneficiaries on all life, medical, hospital, automobile, household or other insurances and in any current wills while this action is pending.

IT IS FURTHER ORDERED that both parties bring to this hearing a completed **Financial Disclosure Statement.**

| Check other if there is another party(s) to the action, and enter the party's name(s). | IT IS FURTHER ORDERED that a copy of this order, together with the supporting papers, be served in person at least 5 business days before the time of this hearing, upon the: Wife Husband Other | | | | |
|--|--|--|--|--|--|
| | Failure to appear as ordered may result in the issuance of a warrant directing the Sheriff to arrest you and bring you to court. | | | | |
| | Failure to appear will not stop the court from proceeding with the hearing and making the orders requested by your spouse. | | | | |
| | Parties are encouraged to arrive early and determine if any issues can be resolved before the hearing. | | | | |
| | BY THE COURT: | | | | |
| For Court Use Only | Circuit Court Judge/Circuit Court Commissioner | | | | |
| | Print or Type Name | | | | |
| | Date | | | | |

AFFIDAVIT

- **1.** My spouse and I have not agreed on a temporary arrangement while this action is pending, and there is a need for such an order.
- 2. I request that a hearing be held concerning one or more of the following issues:
 - Maintenance
 - Use of the residence and other property
 - Payment of debts and financial obligations
 - Payment of insurance and health care expenses
 - Other relief the court believes appropriate
 - Other specific relief I believe appropriate
- **3.** I request a hearing be held and a temporary order be entered pursuant to sec. 767.23(1) Wis. Stats.

| | 1 | |
|-----------------------------|-----------------------------------|--------------------|
| STOP! | | |
| Take this document to a | | |
| Notary Public BEFORE | | |
| you sign it. | | |
| | | |
| After you have been | | |
| sworn by a Notary Public, | | |
| sign and print your name | | Signature |
| and date the document in | | |
| front of the Notary Public. | | Print or Type Name |
| | | |
| | | Date |
| | | |
| | | |
| | | |
| Have the Notary Public | | |
| sign, date, and seal the | Subscribed and sworn to before me | |
| | | |
| document. | on | |
| | | |
| | Notary Public, State of Wisconsin | <u> </u> |
| | My commission expires: | |
| | iviy commission expires. | |